

COPY

FILED BY
AUG 16 2005CC Thomas M. Gould, Clerk
U.S. District Court
W.D. of TN, Jackson

SCJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (Rev. 5/99)

1. CIR./DIST./DIV. CODE 04-811	2. PERSON REPRESENTED Moore, Billy Wayne	VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 04-10050-T	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) USA v. Moore	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Other	10. REPRESENTATION TYPE (See Instructions)
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) (If more than one offense, list up to five) major offenses charged, according to severity of offense. Felon in Possession of Firearm, 18 USC § 922(g)			

REQUEST AND AUTHORIZATION FOR TRANSCRIPT

12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly) Trial in U.S. District Court
13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire, or jury instructions, unless specifically authorized by the Court (see Item 14). Trial (Madison Co Circuit Court, Div. I) Testimony of: Tenessee Wilson and Robert Wilson. State of TN v. Moore, Docket No. 04-811
14. SPECIAL AUTHORIZATIONS

A. Apportioned _____ % of transcript with (Give case name and _____)	JUDGE'S INITIALS
B. <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly Transcript <input type="checkbox"/> Realtime Unedited Transcript	
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions	
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.	

15. ATTORNEY'S STATEMENT As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act. Signature of Attorney: Jeff Mueller Date: 8-11-05 Printed Name: Jeff Mueller Telephone Number: 731-988-9900 <input checked="" type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization	16. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in Item 15 is hereby granted. Signature of Presiding Judicial Officer or By Order of the Court: James D. Todd Date of Order: 16 August 2005 Nunc Pro Tunc Date:
---	---

CLAIM FOR SERVICES

17. COURT REPORTER/TRANSCRIBER STATUS <input type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input checked="" type="checkbox"/> Other Shane Wilson Official - 204th Inst. NIS	18. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE 410-02-3939	Telephone Number:

20. TRANSCRIPT	INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED	TOTAL
Original	1-57	57	3.30	168.30		168.30
Copy						
Expense (Itemize)						

TOTAL AMOUNT CLAIMED: 168.30

21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of: [Signature] Date: 8/9/05
--

22. CERTIFICATION OF ATTORNEY OR CLERK. I hereby certify that the services were rendered and that the transcript was received. Signature of Attorney or Clerk: [Signature] Date: 8-11-05
--

23. APPROVED FOR PAYMENT Signature of Judicial Officer or Clerk of Court: James D. Todd Date: 16 August 2005	24. AMOUNT APPROVED 168.30
--	-------------------------------

COPY

54



Notice of Distribution

This notice confirms a copy of the document docketed as number 54 in case 1:04-CR-10050 was distributed by fax, mail, or direct printing on August 17, 2005 to the parties listed.

Jeff Mueller
LAW OFFICES OF JEFF MUELLER
P.O. Box 3146
Jackson, TN 38303

James W. Powell
U.S. ATTORNEY'S OFFICE
109 S. Highland Ave.
Ste. 300
Jackson, TN 38301

Honorable James Todd
US DISTRICT COURT